

IDAHO MONTHLY VACCINE REPORT / ACCOUNTABILITY FORM
IDAHO IMMUNIZATION PROGRAM (IIP)



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Facility Name:	Person Completing Report:
Address / City:	Report for Month of: 20

Vaccine	Doses on Hand Beg. of Month	Doses Rec'd During Month	Doses Outdated or Wasted	Total Doses Avail.	D O S E	Doses Administered By Age									Total Each Row	Total Doses Admin.	Doses on Hand at Month End
						<1	1	2	3-4	5	6-9	10-14	15-19	20-65+			
	(1)	(2)	(3)	(4)	#	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
PEDIARIX DTaP/HepB/EIPV					1												
					2												
					Total					3							
DTaP					1												
					2												
					3												
					4												
Total					5												
DT (Pediatric)					1												
					2												
Total					3+												
TD (7 - 18 yrs old)					1												
					2												
					Total												
HEP B (Pediatric)					1												
					2												
					Total					3							
HEP A (Pediatric)					1												
Total					2												
HIB					1												
					2												
					3												
					Total					4+							
MMR					1												
Total					2												

Facility Name															Report Month:		
	Doses on Hand Beg. of Month	Doses Rec'd During Month	Doses Outdated or Wasted	Total Doses Avail.	D O S E	Doses Administered By Age									Total Each Row	Total Doses Admin.	Doses on Hand at Month End
						<1	1	2	3-4	5	6-9	10-14	15-19	20-65+			
	(1)	(2)	(3)	(4)	#	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
PREVNAR					1												
Pneumo					2												
Conjugate					3												
Total					4												
EIPV					1												
					2												
					3												
Total					4												
COMVAX					1												
Hep B/Hib					2												
Total					3												
VARICELLA					1												
Total					2												
FLU	All 6-23 mo / high-risk 24-35 mo				1												
Thimerosal Free					2												
FLU	High-risk 3-18 yrs				1												
With Thimerosal					2												
PNEUMO hi-risk					1												
TWINRIX					1												
Hep B/Hep A					2												
Total					3												

INSTRUCTIONS FOR COMPLETING THE MONTHLY VACCINE REPORT - USE BLACK INK. DO NOT USE PENCIL.

- Column (1) The number of doses reported on hand at the end of the previous monthly vaccine report.
- Column (2) Vaccine received during the month.
- Column (3) Wasted and Expired Vaccines returned to the Idaho Immunization Program. **Do not dispose of vaccines provided by the IIP.**
- Column (4) Column (1) plus column (2) minus column (3).
- Column (5)-(13) All state supplied vaccine administered during the month - recorded in the appropriate age groups.
- Column (14) Add row entries for each age and dose category for total doses administered of each vaccine.
- Column (15) Add row totals from column (14) for total doses administered for each vaccine.
- Column (16) This is an actual count of doses on hand. Check your stock monthly and record the actual inventory amounts here.

Actual count should equal column (4) minus column (16). If not, re-check figures. If unable to identify discrepancy, please notify the IIP.